



## APPLICATION FOR DENTAL LICENSURE

### GEORGIA BOARD OF DENTISTRY

237 Coliseum Drive

Macon, Georgia 31217

Phone (478) 207-2440

[www.sos.ga.gov/plb/dentistry](http://www.sos.ga.gov/plb/dentistry)

Please read the instructions carefully and be familiar with the **laws and rules** governing the practice of dentistry in the State of Georgia. Visit the following web site for information: <http://www.sos.ga.gov/plb/dentistry>.

#### **\*\*Important\*\***

**The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board.**

**Please review this application before you submit it to ensure that all information and documentation is complete and correct.**

**Incomplete applications result in delayed processing.**

**Incomplete applications are void after one year.**

**All foreign trained applicants' applications must be reviewed and approved by the board.**

### Application Checklist

**The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.**

The \$100 **non-refundable** application fee payable by check or money order payable to the **Georgia Board of Dentistry** must be included with application.

Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20.

**NOTARIZED APPLICATION:** Completed application form accompanied by a fee of \$100.00. Your application will not be processed unless the fee and all supporting documents are received. If licensure is granted, the license will be required to be renewed by the last day of December in ODD numbered years, regardless of when you were originally licensed. The licensure process could take up to a minimum of **30 days** after submission of a completed application. Plan your application time accordingly.

**LICENSE VERIFICATION:** Official license verification for every dental license ever held, other than Georgia. Each verification must indicate the date of licensure, the licensure status (active, inactive, expired, or revoked, etc.) standing of license, any disciplinary charges made against you by the licensing board or by any other state

agency, and the result of these actions. The applicant must provide a copy of the formal complaint/pleading, outcomes, and a personal written explanation for each instance of discipline. You should call each state board about fees for these services. **The verification(s) must be submitted with your application IN THE ORIGINAL SEALED ENVELOPE FROM THE BOARD OF EACH LICENSING STATE, and must be dated within four months of the Board's receipt of your complete application packet.**

**DEGREE TRANSCRIPT: An Official Transcript** which documents graduation with a D.D.S. or D.M.D. degree from a dental school which is accredited by the American Dental Association Commission on Dental Education. The transcript must be IN THE ORIGINAL SEALED ENVELOPE FROM THE COLLEGE. Graduates from a non-accredited school please see Rule 150-3-.04 and O.C.G.A. § 43-11-40(a)(1)(A) and (B). **\*Note: All foreign trained applicants' applications must be reviewed and approved by the board.**

**NATIONAL BOARD SCORES: National Board Scores** from the ADA Joint Commission on National Dental examinations. The ADA (1-800-621-8099) will send a copy of National Board scores to state licensure boards only. If you ask the ADA to send our board a copy of your National Board scores, so indicate in your application packet. **DO NOT SUBMIT THE NATIONAL BOARD CERTIFICATE. YOUR NATIONAL BOARD SCORE MUST COME DIRECTLY FROM THE ADA TO BOARD OFFICE.**

**CLINICAL LICENSURE EXAMINATION: Effective July 1, 2009,** each candidate for a license to practice dentistry must pass all sections with a score of 75 or higher of a clinical examination administered by the Georgia Board of Dentistry or a testing agency designated and approved by the Board. **The testing agency designated and approved by the Board for the clinical examination is Central Regional Testing Service (CRDTS).** Once you have taken the clinical exam, you must submit a **notarized** copy of your score sheets. Contact CRDTS at [www.crdts.org](http://www.crdts.org) or by telephone at: (785) 273-0380 for additional information. CRDTS scores are valid for five (5) years.

Please see Board Rule **150-3-.01** concerning **examinations** accepted by the Georgia Board.

The Georgia Board has restrictions on the number of times a licensure candidate can take the examination. See Board Rule **150-3-.01(4), (5), and (6)** for information on number of examination attempts allowed.

**JURISPRUDENCE EXAMINATION:** The examination must be downloaded from our website. The study materials are also on our website. The fee for this examination is \$25.00, payable to the order of Georgia Board of Dentistry. **FEES ARE NON REFUNDABLE.** *A score of 75 or higher is considered a passing score.*

**NATIONAL PRACTITIONER DATA BANK:** To obtain a self query from the NPDB-HIPDB, please visit [www.npdb-hipdb.com](http://www.npdb-hipdb.com) or call the Customer Service Center at 1-800-767-6732.

**If the he National Practitioner Data Bank(NPDB)** provides any disciplinary action, certified copies of any pending or final disciplinary actions or malpractice actions against applicant must be submitted. All applicants must submit a NPDB report along with the completed application. The NPDB report must be dated within four months of the

submission of the application. *“The ONLY applicants exempt from the requirement of NPDB report submission are those applicants within 6 months of dental school graduation and who have never been issued a dental license in any state or U.S. territory”.*

The NPDB report must be received in the ORIGINAL SEALED ENVELOPE FROM NPDB. Applicants who have disciplinary or malpractice case(s) (open & closed) will be considered for licensure on a case- by-case basis, after receipt of all required application materials. For each case, the applicant must submit:

- 1) a copy of the formal complaint pleadings filed by the plaintiff/complainant or State Regulatory Agency,
- 2) a copy of the final action, disposition, or settlement,
- 3) a personal explanation of the disciplinary action or the malpractice claim, and
- 4) any further information requested by the Board in separate communications.

**CPR:** Submit a photocopy of your current CPR certification in compliance with Board rule **150-3-.08**.

**Copy of Court Document or Affidavit** explaining any discrepancies of the applicant’s name if documents submitted bears different name(s). [i.e. marriage certificate, divorce decree, legal name change]

**Relocation:** If you relocate during the time that your application is being processed, you **must** notify the Board of your new address in writing by fax (866) 888-1308 or mail. This will enable you to receive Board correspondence.

## **SUBMIT YOUR COMPLETED APPLICATION PACKET TO**

**Georgia Board of Dentistry  
237 Coliseum Drive  
Macon, Georgia 31217**

**Do Not Write In This Section:**

Receipt#: \_\_\_\_\_

Amount: \_\_\_\_\_

Applicant #: \_\_\_\_\_

Initials/Date: \_\_\_\_\_

**Board Name:** Georgia Board of Dentistry  
**Address:** 237 Coliseum Drive  
**Address:** Macon, GA 31217  
**Telephone #:** (478) 207-2440  
**Fax #:** (866) 888-1308  
**Website:** www.sos.ga.gov/plb/dentistry

---

**Application For: Dental License**  
**Application \$125 Non-Refundable Fee (\$100 Application Fee \$25 Exam)**

**Applicant is applying for above referenced license by:**

☐ **Application/Examination**

☐ **Application [ currently licensed in another state(s) ]**

---

**Checks returned for insufficient funds will be assessed a \$40 service charge pursuant to O.C.G.A. § 16-9-20**

---

**DISABILITY-** If you have a disability and may require an accommodation, you must contact the Board to obtain the REQUEST FOR DISABILITY ACCOMMODATIONS GUIDELINES.

**VETERANS PREFERENCE POINTS-** Veterans may be eligible for special benefits in testing. For more information, contact the Board office. **Submit copy of DD-214 with your application.**

**Part I: Personal Information**

1. Name: \_\_\_\_\_  
Last First Middle Maiden

Name as shown on exam records or transcripts (if different) \_\_\_\_\_

2. Social Security Number\*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 3. Date of Birth: \_\_\_\_\_

4. Physical Address: \_\_\_\_\_  
(Street) (Apt. #) (City/State/Zip Code) (P.O. Box is not acceptable)

5. Mailing address if different:

\_\_\_\_\_  
(Street) (Apt. #) (City/State/Zip Code)

***If you are granted a license, your name, mailing address and license number are public information.***

6. E-Mail Address: \_\_\_\_\_

7. Telephone #: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Other: ( ) \_\_\_\_\_

8. \_\_\_ I am a U.S. Citizen \_\_\_ **I am not a U.S. citizen** but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. **\*\*Submit attached checklist form with documentation, and provide required documentation**

9. Military Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
Honorable/Dishonorable Discharge: \_\_\_\_\_

\*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

---

## Part II: Professional Education

10. Highest Degree Earned: \_\_\_\_ Doctorate \_\_\_\_ Master \_\_\_\_ Bachelor \_\_\_\_ Associate  
\_\_\_\_ Diploma/Certificate

11. Name/Address of Entry Level Professional Institution (e.g. technical school, undergraduate college/university): \_\_\_\_\_

a. Dates Attended: \_\_\_\_\_ c. Graduation Date: \_\_\_\_\_  
b. Major: \_\_\_\_\_ d. Degree(s) Earned: \_\_\_\_\_

12. Name/Address of Graduate School/University: \_\_\_\_\_

a. Dates Attended: \_\_\_\_\_ c. Graduation Date: \_\_\_\_\_  
b. Major: \_\_\_\_\_ d. Degree(s) Earned: \_\_\_\_\_

13. Name/Address of Post-Graduate School/Hospital (if applicable): \_\_\_\_\_

a. Type of Training: \_\_\_\_\_ b. Dates Attended: \_\_\_\_\_

### 14. National Board Information:

I understand that it is my responsibility to see that a copy of my scores be mailed from the Joint Commission on National Dental Examinations directly to the Board. For your convenience, the number is: 1-800-621-8099.

\_\_\_\_\_  
Signature of Applicant

### 15. Southern Regional Testing Agency Information, ADEX through CRDTS or ADEX through NERB Information:

I understand the Georgia Board of Dentistry accepts the results from the Southern Regional Testing Agency/Central Regional Testing Service, but it is my responsibility to send a notarized copy of those results to the Georgia Board of Dentistry. For your convenience, the number is: SRTA-757-318-9082; CRDTS-785-273-0380 and NERB (301) 563-3300.

\_\_\_\_\_  
Signature of Applicant

### 16. National Practitioners Data Bank/Healthcare Integrity and Protection Data Bank

The Georgia Board of Dentistry requires all candidates for licensure to query the **NPDB/HIPDB** before licensure will be granted: You may contact the NPDB/HIPDB by calling: 1-800-767-6732 or by submitting your query online at: [www.NPDB.com](http://www.NPDB.com). (When you receive the RESPONSE from the NPDB/HIPDB please forward the information to the Board office along with your completed application). **If you are a recent graduate (within the past six months) and not licensed in any other state, you are exempt from this requirement.**

17. Did you require special accommodations for any examination, SRTA, CRDTS, NERB, ADEX, WREB, or CITA as outlined in the Americans with Disabilities Act? ☐ Yes ☐ No **If yes, what accommodations were made?**

18. Have you ever failed a portion of any clinical examination, CRDTS, NERB, ADEX, SRTA, WREB, CITA, or any other regional or state clinical examination?

☐ Yes ☐ No **If yes, give dates (list regional and/or state if applicable).**

\_\_\_\_\_  
**If you've failed this exam three (3) or more times please request an exam history from CRDTS, NERB, ADEX, SRTA, WREB, CITA, or any other regional or state board.**

### **Part III:**

**If yes to any of the following questions you must attach a full written explanation pertaining to that particular question.**

19. Was your pre-dental education or dental education interrupted, other than the usual vacation periods?  
☐ Yes ☐ No
20. Do you presently have any contagious or infectious disease? ☐ Yes ☐ No
21. Have you ever been charged with driving under the influence of alcohol or drugs? ☐ Yes ☐ No
22. Have you ever had a formal complaint filed against you with any dental society, association, hospital, or dental board? ☐ Yes ☐ No
23. Has any state licensing board revoked or suspended your certificate/license, or taken other disciplinary action? ☐ Yes ☐ No
24. Have you ever been denied a DEA registration number or been issued a restricted DEA registration?  
☐ Yes ☐ No
25. Have you ever voluntarily surrendered a dental license, a controlled substances registration, or DEA registration? ☐ Yes ☐ No
26. Have you ever had any malpractice suits filed against you? ☐ Yes ☐ No
27. Have you ever been denied participation in, or suspended from the Medicaid or Medicare benefit program? ☐ Yes ☐ No
28. Have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state? ☐ Yes ☐ No
29. Have you ever been denied the privilege of taking an examination before any Dental Board or licensing authority? ☐ Yes ☐ No
30. Have you ever failed an examination required of any Dental Board or other licensing authority?  
☐ Yes ☐ No
31. Have you ever been refused any privilege of prescribing controlled substances, or had any prescribing privileges of controlled suspended or revoked? ☐ Yes ☐ No
32. Have you ever been refused, or suspended from membership in a dental society, or association, or hospital staff? ☐ Yes ☐ No
33. Have you ever personally used narcotics or alcohol excessively or have you ever undergone treatment for addiction to alcohol or other controlled substances or habit forming substances? ☐ Yes ☐ No
34. Have you ever been summoned, arrested, taken into custody, indicted, convicted or tried for, or charged with, or pled guilty to, or pled, nolo contendere to, a violation of any law or ordinance or the commission of any felony or misdemeanor (excluding minor traffic violations), (DWI & DUI are **not** minor traffic violations), or have you been requested to appear before a prosecuting attorney or investigative agency in any matter? ☐ Yes ☐ No

(Although a conviction may have been expunged from the records by order of court, it nevertheless must be disclosed in your answer to this question). If yes, for **each** occurrence furnish a written statement giving the complete facts in your own words, including in such statement the date, name and nature of the offense, the name and locality of the court, and the disposition of each such matter. **You must attach the court disposition.**

35. Are there any other facts not disclosed by your answers which may have a bearing on your fitness or eligibility to practice dentistry in Georgia and which should be placed at the disposal or brought to the attention of the State Board of Dentistry? ☐ Yes ☐ No

36. **Out of State Licensure Certification(s):**

List all states which you have been issued a license to practice dentistry: (active, inactive, revoked, suspended, expired, lapsed etc.) You should have each state listed send an official letter of licensure verification/certification. See instruction sheet for details. **If not applicable check here:** ( ) **N/A and initial**

<u>STATE</u>	<u>DATE OF LICENSURE</u>	<u>LICENSE STATUS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

37. References: Listed below are two references that I have supplied with the proper form included in my application packet.

**I understand that it is my responsibility to see that these forms are returned. I certify these references are not related to me, nor are they connected with any dental college I attended.**

Name\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

Address\_\_\_\_\_

City, State, Zip\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Occupation\_\_\_\_\_

Occupation\_\_\_\_\_



**OFFICE OF SECRETARY OF STATE  
PROFESSIONAL LICENSING BOARDS DIVISION  
GEORGIA BOARD OF DENTISTRY**

237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440

**CONSENT FORM**

I hereby authorize **The GEORGIA BOARD DENTISTRY** to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
(Applicant's Full Name – Printed)

\_\_\_\_\_  
Physical Address (P.O. Boxes **NOT** Accepted)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

Place of Birth (City/State): \_\_\_\_\_

Aliases or Maiden Name: \_\_\_\_\_

**Please check any applicable licensure provisions below that apply to the individuals you will be practicing your profession on:**

- ☐ Working with mentally disabled  
☐ Working with the elderly or in elder care services  
☐ Working with children

**PLEASE COMPLETE THE FOLLOWING:**

I, \_\_\_\_\_  
(print name)  
give consent to the Georgia Board of Dentistry to perform periodic criminal background checks for the duration of my active licensure status with this state.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)



**Part IV:**

**40. AFFIDAVIT OF APPLICATION**

I acknowledge and state that I have read the Application and Instructions that accompanied this application and I have answered all questions in compliance with these instructions. I acknowledge that it is my responsibility to read and become familiar with the Dental Practice Act and the Board Rules.

I further state that by submitting this application for a license to practice dentistry/dental hygiene in the State of Georgia, I hereby authorize and consent to have an investigation made as to the moral character, professional reputation and fitness for the practice of dentistry/ dental hygiene. I agree to give any further information in which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its contents and I further understand that the contents of the investigative report will be privileged unless determined otherwise by the Board of Court Order.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or foreign), court, association, institution, or other organization having control of any documents, records and other information pertaining to me, to furnish to the Georgia Board of Dentistry any information, including documents, records, regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Georgia Board of Dentistry or any of its agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application, subsequent licensure or practice thereunder.

I hereby release, discharge and exonerate the Georgia Board of Dentistry, its agents or representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records or other information or the investigation made by the Georgia Board of Dentistry. I authorize the Georgia Board of Dentistry to release information, material, documents, orders or the like relating to me or to this application to any other State or Territory of the United States or Province of Canada, a law enforcement agency, a hospital or other appropriate agencies as determined by the Board.

I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation of my employment record and other information that may be necessary to verify my qualifications to practice. I understand that any final disciplinary action that may ever be taken against my license, if it is granted, would be provided to a national disciplinary reporting system and that my Social Security number would be a part of that report.

This is to certify that the foregoing information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_

(PHOTOGRAPH)

Please attach recent photograph

\_\_\_\_\_  
(Print Name Above)

County \_\_\_\_\_ State \_\_\_\_\_

being duly sworn, says that he/she is the person who executed the above application for license to practice dentistry/dental hygiene in the State of Georgia; and that all the statements herein contained are true in every respect and that the attached photo is a true photo of the applicant.

\_\_\_\_\_  
Notary Public

**Notary: Do not notarize this section  
unless photograph is attached.**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL) My Commission Expires \_\_\_\_\_

**Part V: STATE LICENSURE CERTIFICATION**

**TO THE APPLICANT:** *Please complete the top section of this form and mail to each state in which you are now or have been licensed to practice dentistry. This form may be reproduced as necessary.*

**TO:** \_\_\_\_\_ **Board of Dentistry**

I am applying for licensure and the Georgia Board requires that your Board complete this form in order that my application for licensure may be considered. By signing this form, I am giving my consent to the release of any information, favorable or otherwise, for its review in considering me for licensure.

My license Number \_\_\_\_\_ was issued by your Board on \_\_\_\_\_ on the basis of ( ) State Board Exam, ( ) Reciprocity/Endorsement, ( ) National Board, ( ) Credentials, ( ) other \_\_\_\_\_.

Applicant's Full Name (print or type)	Address		
Signature	City	State	ZIP

**This section is to be completed by an official of the above referenced licensing board. Please return this form directly to the applicant in a sealed envelope.**

Dental License Number \_\_\_\_\_ to practice dentistry in the State of \_\_\_\_\_ was issued on \_\_\_\_\_ to \_\_\_\_\_.

Licensee

Is license current and in good standing? \_\_\_\_ Yes \_\_\_\_ No\*

Has any disciplinary action ever been taken against this license?

\_\_\_\_ Yes\* \_\_\_\_ NO    \*If yes, please attach disciplinary documents.

\* Please provide complete details, including copies of any documents.

Signature	Date
Title	<b>(BOARD SEAL)</b>
Licensing Board	

# GEORGIA BOARD OF DENTISTRY

237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440

*(You may duplicate this form)*

**TO THE REFERENCE:** The person listed below is applying for licensure as a dentist in the State of Georgia. The applicant is required to furnish satisfactory evidence that he/she is qualified to practice professional dentistry. You have been given this form as one who knows the applicant well and can attest to his/her character, ability, reputation, and professional attainments.

The statements you provide must be from personal knowledge only, and should be made with full realization of the responsibility toward the public involved. You should answer fully, carefully, and with the utmost frankness.

Be assured that the information you furnish will be treated as **strictly confidential**. Please return your recommendation directly to the applicant. **RETURN TO APPLICANT IN A SEALED ENVELOPE.**

---

NAME OF APPLICANT \_\_\_\_\_

FROM \_\_\_\_\_  
Reference Full Name (Daytime telephone # including area code)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Zip Code

1. Are you a licensed dentist? \_\_\_\_ Yes \_\_\_\_ No If yes, what state(s)? \_\_\_\_\_

If no, what is your present profession? \_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_ Years. Are you related? \_\_\_\_\_

3. In what capacity have you known him/her \_\_\_\_\_

4. Do you know anything reflecting adversely on the applicant's integrity or general good character?  
\_\_\_\_ Yes \_\_\_\_ No If yes, give details on a separate page.

5. Do you feel that this applicant is qualified to have responsibility of a dental office? \_\_\_\_ Yes  
\_\_\_\_ No If no, give details on a separate page.

6. Would you feel comfortable going to this person for your dental needs? \_\_\_\_ Yes \_\_\_\_ No  
If no, give details on a separate page.

7. What is the applicant's character, reputation, and standing in the community?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

page 2 Reference Form continued

NAME OF APPLICANT \_\_\_\_\_

FROM \_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***The undersigned certifies that the above statements, to the best of his/her knowledge and belief, are correct.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.

### Alien Lawfully Admitted for Permanent Residence:

- \_\_\_\_\_ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- \_\_\_\_\_ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

### Asylee:

- \_\_\_\_\_ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- \_\_\_\_\_ - Grant letter from the asylum office of INS
- \_\_\_\_\_ - Order of an immigration judge granting asylum

### Refugee:

- \_\_\_\_\_ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- \_\_\_\_\_ - INS Form I-571 (Refugee Travel Document)

### Alien Paroled Into the U.S. for at Least One Year:

- \_\_\_\_\_ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

### Alien Whose Deportation or Removal Was Withheld:

- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- \_\_\_\_\_ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

### Alien Granted Conditional Entry:

- \_\_\_\_\_ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A3"

### Cuban/Haitian Entrant:

- \_\_\_\_\_ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- \_\_\_\_\_ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- \_\_\_\_\_ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

### Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- \_\_\_\_\_ - INS petition and appropriate supporting documentation

---

Name of Applicant